



City of Dublin

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13-074 MPR  
JUL 11 2013

CITY OF DUBLIN  
PLANNING

Administrative Review Team | June 2012

Case # 13 - 074 MPR

## APPLICATION FOR DEVELOPMENT

### PLEASE CHECK THE TYPE OF REVIEW

- ☐ West Innovation Districts  
(Zoning Code Sections 153.037 - 153.043)
- ☒ Bridge Street Corridor Districts  
(Zoning Code Sections 153.057- 153.066)
- ☐ Wireless Communication Facility (Chapter 99)

### PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review
- ☒ Minor Project
- ☐ Development Plan Review
- ☐ Site Plan Review
- ☐ Waiver Review
- ☐ Master Sign Plan
- ☐ Open Space Fee-in-Lieu
- ☐ Parking Plan
- ☐ City Council Appeal
- ☐ Administrative Departure

#### Wireless Applications

- ☐ New Tower
- ☐ Co-Location
- ☐ Alternative Structure
- ☐ Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- ☐ Conditional Use
- ☐ Rezoning
- ☐ Administrative Appeal
- ☐ Project involving modifications to property within the Architectural Review District
- ☒ Other: Signage Installation

### SUBMISSION REQUIREMENTS

- ☐ **Fee** (refer to the approved fees list)
- ☐ **Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- ☐ **Submission Requirements** for each type of application (refer to checklists)
- ☐ **Legal Description and/or Property Survey** for the subject property

**I. PROPERTY INFORMATION:** Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 4437 W. Dublin Granville Rd.	
Tax ID/Parcel Number(s): 273008269	Parcel Size(s) in Acres: 14.04
Existing Land Use/Development: Shopping Center	Zoning District: CC/BSC

- ☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- ☐ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

**II. PROPERTY OWNER INFORMATION:** Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): MR/TSARR Owner LLC, a DE limited liability company	
Mailing Address: 1691 Michigan Avenue, Suite 215 Miami Beach, FL 33139	
Daytime Telephone: (305) 531-2426	Fax: (305) 531-2428
Email or Alternate Contact Information: bgago@mastcapital.com	

### FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance: 7/11/13	Next Decision Due Date: 7/25/13
Final Date of Decision: 7/25/13	Determination: Approval
Director's (or Designer's) Signature: 	

FILE COPY

**III. APPLICANT(S):** Indicate person(s) submitting the application if different than the property owner(s).

Name: <b>Steve Nguyen - POSH! Nail Company</b> (Individual or Organization)	
Mailing Address: <b>6453 N. Hamilton Rd. Westerville, Ohio 43082</b>	
Daytime Telephone: <b>(812) 568-9358</b>	Fax:
Email or Alternate Contact Information: <b>sirvlet@yahoo.com</b>	

**IV. AUTHORIZED REPRESENTATIVE(S):** Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: <b>Stephen Malone - Signcom Inc.</b> (Individual or Organization)	
Mailing Address: <b>527 West Rich Street Columbus, Ohio 43215</b>	
Daytime Telephone: <b>(614) 228-9999</b>	Fax: <b>(614) 228-4326</b>
Email or Alternate Contact Information: <b>steve@signcominc.com</b>	

**V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):** Complete if applicable.

I, _____, the owner, hereby authorize _____ to act as a <b>representative(s)</b> in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:

☐ Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

**VI. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

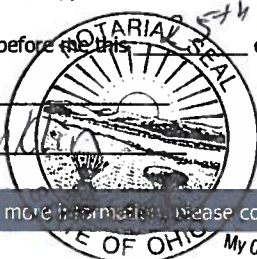
I, <u>Stephen Malone</u> , the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative: <u>Stephen Malone</u>	Date: <u>6.25.13</u>

**VII. APPLICANT'S AFFIDAVIT:** This section must be completed and notarized.

I, <u>Stephen Malone</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner or Authorized Representative: <u>Stephen Malone</u>	Date: <u>6.25.13</u>

☐ Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 5th day of June, 2013  
 State of Ohio  
 County of Franklin



BRET R. GILMORE  
 NOTARY PUBLIC  
 STATE OF OHIO



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Daytime Telephone:  
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Fax:  
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Next Decision Due Date:

Final Date of Decision:

Determination:

Director's (or Designee's) Signature:

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(Individual or Organization)

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Fax:

Email or Alternate Contact Information: **siervlet@yahoo.com**

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(Individual or Organization)

Mailing Address: **527 West Rich Street Columbus, Ohio 43215**

Daytime Telephone: **(614) 228-9999**

Fax: **(614) 228-4326**

Email or Alternate Contact Information: **steve@signcominc.com**

**V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):** Complete if applicable.

I, Camilo Miguel, Jr. on behalf of, the owner, hereby authorize Stephen Malone - Signcom Inc.  
to act as a **representative(s)** in all matters pertaining to the processing and approval of this application, including modifying the application. I agree  
to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner:

MR/TSARR Owner LLC, a DE Limited liability company

Date:

  
, Authorized Representative

By: MC/TSARR MM LLC, its Managing Member

6/25/13

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Date:

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respects true and correct, to the best of my knowledge and belief.

Signature of Current Property Owner or Authorized Representative:

Date:

☐ Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

(Notary Public Seal)

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